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ABSTRACT

This report reviews existing data related to post-school outcomes for individuals with emotional and behavioral disorders (EBD), discusses why these data may be misleading, and describes what the special education field is doing to improve the post-school outcomes for individuals with EBD. In the first part of the paper, outcomes related to three life domains are examined, including education, employment, and social relationships. Reasons for the limitations in the current literature base are discussed, including: (1) uneven sample size; (2) generalizability of the data; (3) the specific variables required to accurately measure the success, or lack thereof, of post-school experience of individuals with EBD remain unclear; and (4) the majority of existing longitudinal studies have not systematically assessed post-school outcomes for individuals with EBD using the same data collection procedures. Several programs are then highlighted which have been implemented in schools and communities to specifically address how individuals with EBD function in the community post-school, including social skills training, peer mediation and conflict resolution, vocational training, transition training, and wrap-around planning. (Contains 42 references.) (CR)

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Students with Emotional and Behavioral Disorders: Post-School Outcomes

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Students with Emotional and Behavioral Disorders: Post-School Outcomes

A growing concern within the EBD community, including educators, researchers, and parents, centers around reported poor post-school outcomes experienced by individuals with emotional and behavioral disorders (EBD). The poor post-school outcomes experienced by individuals with EBD have been widely documented. In fact, individuals with EBD experience the least favorable outcomes of any group of individuals with disabilities (e.g., Bullis & Gaylord-Ross, 1991). Recent incidents of school violence also have raised concerns among the general public regarding school safety whereby policies such as zero tolerance have the potential to further limit the educational benefits these individuals receive. Those who advocate for this population are rightfully concerned about the degree to which individuals with EBD are able to positively contribute to society given their challenging behaviors and the manner in which schools typically perceive and interact with these students.

In school, students with EBD often display characteristics that do not support school or life-long success. Examples include (a) the inability to sustain or maintain appropriate social relationships with others, (b) academic difficulties in multiple content areas, and (c) chronic behavior problems, including noncompliance, aggression, and disrespect toward authority figures (IDEA, 1997; Kerr & Nelson, 1989). Arguably, these characteristics are exacerbated by the tendency to educate individuals with EBD in more restrictive settings (e.g., self-contained special education classrooms) than any other group of individuals. Moreover, the chronic nature of their inappropriate behaviors, tends to limit their opportunities to learn from appropriate role models or provide them with a history of success that carries through to life after school. Still, research continues to demonstrate that simple placement in inclusive settings is not sufficient to increase either appropriate behavior or acceptance by peers (Gresham, 1982, 1983, 1986; Snell,

1990). This fact is likely the result of a generalized lack of general education teacher knowledge in areas related to behavior management and social skills instruction (Lewis, Chard, & Scott, 1994). As a result of these issues, research findings consistently indicate that individuals with EBD do not achieve the same post-school outcomes as peers with other disabilities (e.g., learning disabilities, hearing impairments, visual impairments) or peers without disabilities.

Post-school outcomes for individuals with disabilities have been measured by focusing on multiple life domains. We will describe the existing data related to each of these domains. Then we will discuss reasons why these data may be misleading. Finally, we will describe what field is doing to improve the post-school outcomes for individuals with EBD.

Domains

Research related to the outcomes for individuals with EBD can be categorized into three life domains: (a) education, (b) employment, and (c) social relationships.

Education

Individuals with EBD characteristically have experienced academic difficulties during their school careers. These difficulties include frequent learning disabilities, which result in difficulty in mastering academic content (Coleman & Vaughn, 2000). They also have fewer opportunities to experience success in school, and fewer instructional interactions with their teachers (Shores, Gunter, & Jack, 1993) - the outcome of which is less exposure to academic content (Steinberg & Knitzer, 1992). In 1994, the National Agenda For Achieving Better Results For Children and Youth With Serious Emotional Disturbance was written in hopes of improving outcomes for individuals with EBD, particularly when more than 50% of students with EBD drop-out of high school prior to graduation and less than one-half of those who remain in school

actually graduate (Chesapeake Institute, 1994). After age and parent income level, the best predictor of school drop out for these students is lack of competency with basic academic skills (e.g., math & reading) (Rylance, 1997). Not surprisingly, for these individuals with EBD these problems continue into adulthood, especially during their pursuit of post-secondary degrees. Existing studies on outcomes for individuals with EBD also report that they are less likely to be enrolled in post-secondary degree programs (e.g., 4-year programs, associate degree programs) than those without EBD (Malmgren, Edgar, & Neel, 1998; Neel, Meadows, Levine, & Edgar, 1988).

Given their long histories of failure in prior school experiences, it is hardly surprising that individuals with EBD do not pursue or continue post-secondary educational opportunities. Such failures likely contribute to overall lack of (a) content foundation (Gunter & Denny, 1998), (b) necessary skills to locate information on GED policies and procedures, and (c) an understanding that successful matriculation from school (e.g., high school diploma) and advanced degrees may increase their employability and subsequent independence.

Employment

Poor outcomes also are reported with respect to the post-school employment of individuals with EBD. Data from several longitudinal studies suggest that these persons experience (a) lower percentages of employment 2 years and 3 to 5 years post-school (D'Amico & Blackorby, 1992), (b) overall lower numbers of those who are employed (Neel et al., 1988; Wagner, D'Amico, Marder, Newman, & Blackorby, 1992), (c) longer delays in obtaining employment after graduation from school (Malmgren et al., 1998), and (d) multiple, short-term jobs rather than employment in a single job overtime

(Wagner et al., 1992) as compared to workers with no disabilities and those with other disabilities. In addition, individuals with EBD are more likely to secure part-time employment rather than full-time employment and earn less income than individuals with or without other disabilities (e.g., Frank & Sitlington, 1997). Thus, individuals with EBD will also earn lower wages and receive fewer financial benefits from their employment (Frank, Sitlington, & Carson,1991; Neel et al., 1988)

It is likely that the lower employment rates of vocational success among individuals with EBD may stem from a mismatch between their social and work skills and the skills employers expect in their employees (e.g., Carson, Huelskamp, & Woodall, 1992). Researchers are attempting to identify specific work and interpersonal skills necessary for them to gain and maintain successful employment (e.g., Bullis, Nishioka-Evans, Fredricks, & Davis, 1993). In addition, advocates for students with EBD continue to stress the need for vocational education (specific job skills and social interaction on the job site) as a means of facilitating successful employment with these students (Fredricks, Bullis, & Nishioka-Evans, & Lehman, 1993; Sitlington, Frank, & Carson, 1992)

Social Relationships

The data on social relationship outcomes for individuals with EBD post-school are characterized by measures of both interpersonal and independent living skills and rates of incarceration. Individuals with EBD have higher proportions of problems in the area of social adjustment (Wagner et al., 1992). Examples of social adjustment problems may include the inability to form relationships with persons (e.g., mentors, advocates, friends, family) who will positively contribute to the successful independence of the individual and the inability to interact with a variety of persons in key community

organizations and/or agencies (e.g., clergy, employers, counselors) who are in positions to provide personal, professional, and financial support. When such problems exist or social networks are not experienced, individuals with EBD may negatively interact with their respective communities.

In addition, the research data suggests that a majority of young adults with EBD still live with parent(s) or other family members post-school (Frank et al., 1991). This may be partially due to the lower wages and inconsistent employment histories (e.g., frequent periods of unemployment) which they experience. In addition, data also suggest that, after leaving school, individuals with EBD rely more on parental financial support to meet their basic needs (e.g., rent, food) than do those without disabilities (Frank & Sitlington, 1997). Thus, they continue to experience life-long financial difficulties (Walker, Colvin, & Ramsey, 1995).

The research also shows an increasing trend, evident over multiple years, that individuals with EBD are more likely to be arrested and/or incarcerated than individuals with or without other disabilities either after graduation from high school or dropping out of high school (Jay & Padilla, 1987; U.S. Department of Education, 1999). Thus, individuals with EBD, as compared to other individuals with disabilities, have higher rates of criminal activity (Doren, Bullis, & Benz, 1996).

These individuals are more likely to access other forms of social support such as public assistance and health services (Koyanagi & Gaines, 1993) as well as make poor social decisions such as abusing illegal substances (Wagner, Blackorby, Cameto, & Newman, 1993). Thus, such social relationship problems may exacerbate the inappropriate behaviors and poor choices these individuals display in the community.

Issues with Post-School Outcome Data

Although the research just summarized do suggest that individuals with EBD experience dismal post-school outcomes, the existing data may be misleading. First, there is a limited and incomplete database on the immediate and long-term outcomes regarding the school and post-school adjustment these persons experience in comparison to individuals with and without disabilities (Malmgren et al., 1998; Mattison, Spitznagel, & Felix, 1998). Second, Malmgren and colleagues (1988) suggest that the existing database may provide an incomplete and/or inaccurate picture of the outcomes experienced by this population. We will provide several probable reasons why these limitations exist in the current literature base:

1. *Uneven sample size.* The samples of most longitudinal studies measuring post-school outcomes experienced by individuals with disabilities, typically include a mix of disability categories (e.g., learning disabilities, mental retardation, developmental delay), thus parceling out only those individuals with EBD may be difficult. In addition, such parceling may skew the data, particularly because persons with EBD may represent the smallest number of individuals in the sample.
2. *Generalizability of the data.* Most longitudinal studies represent a single state's population of individuals with EBD and, thus, the conclusions do not necessarily generalize to those individuals from other states. For example, the types of programs and opportunities (e.g., job coaching) these individuals were provided in one state may not have been provided in another; therefore, direct comparisons in the applicable domains would not be accurate.

3. *Variables measured.* The specific variables required to accurately measure the success, or lack thereof, individuals with EBD experience post-school remain unclear. For example, how would one measure an individual's post-school social relationships in relation to life success? Are measuring the number of persons within the individual's support network be adequate or should we also measure (a) the length of time such relationships have existed, (b) specifics as to the nature (e.g., type) of the relationship, and (c) what the individual gains (e.g., counseling, financial support) from the relationship, and then provide a qualitative summary, in addition to the quantitative data, of the domain?

4. *Lack of consensus on data collection procedures.* The majority of existing longitudinal studies have not systematically assessed post-school outcomes for individuals with EBD using the same data collection procedures. The data have been gathered from a mix of archival record reviews, self-reported data, and familiar-reported questionnaires and rating scales as well as from phone interviews and written questionnaires. In addition, there is no consensus as to when to collect the data. For example, some studies collected follow-up data one year post-school while others collected data three to five years post-school. A few studies have also attempted to compare data collected in the 1980s to that gathered in the 1990s even though common questions and data collection techniques were not always used. A final concern is that individuals with EBD may not be the most accurate informants and thus data from self-reports may be questionable.

Whether one subscribes to the notions that there is a limited database or the existing data may by misleading and/or inaccurate regarding post-school outcomes of individuals with EBD, it is apparent that continued research with this population is needed. Such future research should address the above issues so as to provide educators, researchers, individuals with EBD and their families, and community members at-large with a better understanding of how these persons fare post-school as well as what can be done, both in and out of school, to improve these outcomes (Carson, Sitlington, & Frank, 1995; Coutinho & Conroy, 2000).

Efforts to Improve Post-School Outcomes

To prevent or minimize poor post-school outcomes, educators, researchers, parents, and national organizations are implementing policies and programs to better meet the needs of individuals with EBD during school. We will briefly highlight several programs which have been implemented in schools and communities to specifically address concerns related to how individuals with EBD function in the community post-school. Such programs include:(a) social skills training, (b) peer mediation and conflict resolution, (c) vocational training, (d) transition training, and (e) wrap-around planning.

Social Skills Training

Social skills instruction suffers from what often appears to be a conflicting and contradictory body of effectiveness research. On the negative side, there is great agreement in the literature that globally defined social skills, globally defined (i.e., friendship, courtesy, politeness) taught through general group instruction (to multiple students without regard to individual needs) from a stipulated curriculum (lessons and examples taken from book) have been unsuccessful in changing the behavior of students with the most challenging behaviors (DuPaul & Eckert, 1994; Forness & Kavale, 1996).

On the positive side, meta-analyses of the research on interventions for the most challenging students indicate social skills instruction as one of the top three most effective interventions (Gottfredson & Gottfredson, 1996; Lipsky, 1991). In this case, however, social skills instruction was defined as teaching specific behaviors to students, based upon their individual needs. Effective social skills instruction involves planning for the individualization of skills and teaching examples to meet the needs of the student (Scott & Nelson, 1998).

Presently, an array of strategies exist to increase the quality and quantity of social interactions of students with EBD. However, effective social skills instruction typically involves two main strategies: direct instruction and teacher mediation. Direct instruction identifies the specific social skills needing development and provides teacher directed instruction and practice across natural settings. Teacher mediated strategies rely on teacher prompted interactive behavior that is reinforced for appropriate responses. The goals of such social skills curriculums are to: a) allow individuals to initiate and develop positive social relationships; b) facilitate the individual's ability to effectively cope with behavioral expectations of daily living; and c) provide the basis for effective self-determination (Walker, Schwarz, Nippold, Irvin, & Noell, 1994). Although logically a primary area for instruction for students with EBD, there is all too often a paucity of formal social skills curricula in current educational programs for these students.

Peer Mediation and Conflict Resolution

There exists a great deal of empirical support for peer mediated strategies as an effective and efficient method to increase the social competence of students with disabilities (Peck, Sasso, & Jolivette, 1997; Shores, 1987). These strategies employ peers

without disabilities as instructional resources. Typically, a peer without disabilities is trained by an adult to interact effectively with a student with disabilities. Following training, the two students are brought together for pre-selected social activities and the trained peer without disabilities acts as the treatment agent for the student with disabilities by modeling, reinforcing, and prompting appropriate social responses and behavior from the target students.

Peer mediated procedures offer a number of features that recommend them as effective and efficient intervention techniques for students with EBD. These procedures remove the adult from the intervention, decreasing the probability of prompt dependency within social exchanges while providing an environment conducive to ongoing, age appropriate interactions. A second feature is that peer mediated strategies may operate within natural social contexts without disrupting natural social exchanges. Third, using peers as behavior change agents allows natural contingencies of reinforcement to operate, increasing the probability of generalization and maintenance of social competence gains.

Once students have acquired increased social competence they are then better prepared to learn how to deal effectively with conflict resolution. Through enhanced social skills and ongoing experience with appropriate peer role models, these individuals with EBD are able to be their own problem solvers and develop effective social networks.

Vocational Training

Another strategy employed to improve post-school outcomes for individuals with disabilities is vocation training. In 1994, the School-to-Work Opportunities Act was passed which called for coordinated efforts between schools and the community to design and provide an appropriate, individualized education for individuals with disabilities.

including those with EBD, that smoothly and successfully moves the individual from the school environment to work environment. The impetus of this Act and other school efforts focus on providing these individuals with the skills that employers seek. Thus, while still in school individuals with EBD are provided with specific job training and experiences through vocational work placements, job coaching, etc. Neel and colleagues (1988) described vocational training as the means for identifying, teaching, and reinforcing appropriate and specific job skills within a variety of work environments.

Transition Planning

According to IDEA (1997), schools must write and implement a transition plan for all individuals with disabilities who are 14 years or older. The purpose of a transition plan is to detail the individual's and families post-school goals specific to employment and independent living. Areas which transition plans may focus on include adult services, supported employment, independent living options, and post-secondary education. In addition, a transition plan focuses on the individuals present needs (West, Corbey, Boyer-Stephens, Jones, Miller, & Sarkees-Wircenski, 1992). For individuals with EBD, examples of goals and needs may include (a) identifying community agencies which assist with meeting one's financial needs, (b) gaining employment training from multiple work sites to assist in the decision making process of what the individual wants to engage in after graduation, and (c) identifying counseling agencies to assist in the life-stressors which the individual may experience.

Transition planning often includes components of teaching how to advocate for oneself and goal setting. It is paramount that individuals with EBD are taught how to appropriately advocate so that their daily needs are achieved and their life goals are

obtained. Such advocacy will include the use of basic social skills and problem solving skills in a variety of situations. These individuals also will need to be taught how to set realistic personal and professional goals to achieve their life dreams. For example, if one of the individual's personal goals is to live independently in an apartment, then the individual will need to be taught the related skills needs to achieve such a goal. Related skills may include (a) identifying living options in the community, (b) securing employment to financially support the goal, (c) budgeting for the cost of living by oneself, and (d) identifying individuals who can assist in difficult situations (e.g., rental disputes, requests for repairs).

Wrap-Around Planning

More and more individuals with EBD are being provided with integrated services that are designed through wrap-around planning. Wrap-around planning involves a combination of formal and informal strategies for identifying and meeting the needs of persons with EBD and their families so that the likelihood of successfully transitioning from environment to environment (e.g., school to work, home to community) is increased. In essence, wrap-around plans match individual needs and family needs with community agencies and opportunities. Common agencies and opportunities extended to individuals with EBD include (a) counseling services, (b) financial counseling, (c) job training, mentoring, and coaching, and (d) health services (Karp, 1996). In providing integrated services to individuals with EBD prior to their completion of school, it is important that appropriate community supports and contacts are in place to assist the individual achieve post-school success. Current research efforts in the provision of wrap-

around planning are validating the possible long-term benefits of this strategy for individuals with EBD.

The Future

Deficits in the research methodology aside, the difficulties experienced by individuals with EBD successfully transitioning from school to community are well documented. Although existing data suggest that post-school outcomes are the worst for this population, current school- and community-based efforts may help these individuals experience more positive post-school outcomes. While positively influencing their post-school outcomes within the confines of the school may be both challenging and difficult, researchers, educators, community members, families, and these individuals themselves are committed to do just that.

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